

Hospital Owned Off-Site Provider-Based Clinic Facility Fee Reporting

In accordance with RCW 70.01.040, all hospitals with off-campus provider-based clinics that bill a separate facility fee shall report information annually to the Department of Health (DOH).

Forms:

Hospitals shall submit the number of off-campus provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee; the number of patient visits at each off-campus provider-based clinic for which a facility fee was charged or billed for the year; the revenue received by the hospital for the year by means of facility fees at each off-campus provider-based clinic; and the range of allowable facility fees paid by public or private payers at each off-campus provider-based clinic using DOH Form 346-094 Hospital Owned Provider-Based Clinic Facility Fee Reporting

[Hospital Owned Provider-Based Clinic Facility Fee Reporting](#)

Please submit the form either by mail or email to the following address:

Washington State Department of Health
Community Health Systems
Hospital Financial and Charity Care Section
MS: 47853
Olympia, WA 98504-7853
Fax: (360) 236-2870
Email: hos@doh.wa.gov

Due dates:

Report the data along with the year-end financial reports submitted to the Department of Health pursuant to RCW 43.70.052. This reporting date is 120 days after the end of the hospitals fiscal year.

Definitions:

Hospitals shall use the following definitions to complete the DOH Form 346-094 Hospital Owned Provider-Based Clinic Facility Fee Reporting form.

Required Item	Definition
Fiscal Year End	The Month, Day, Year of the last day of the fiscal year
Hospital Name	The name of hospital this report covers.
Hospital License Number	The DOH assigned license number.
The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee	The number of off-campus provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee
The number of patient visits at each provider-based clinic for	The number of patient visits at each off-campus provider-based clinics owned for which a facility fee was charged or billed for the year

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The revenue received by the hospital for the year by means of facility fees at each provider-based clinic	The revenue received by the hospital for the year by means of facility fees at each off-campus provider-based clinic
The range of allowable facility fees paid by public or private payers at each provider-based clinic	The range of allowable facility fees paid by public or private payers at each off-campus provider-based clinic

More definitions:

RCW 70.01.040 (5)

- (a) **"Facility fee"** means **any separate charge or billing by a provider-based clinic** in addition to a professional fee for physicians' services **that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.**
- (b) **"Provider-based clinic"** means the site of an **off-campus clinic or provider office located at least two hundred fifty yards from the main hospital buildings or as determined by the centers for Medicare and Medicaid services**, that is owned by a hospital licensed under chapter 70.41 RCW or a health system that operates one or more hospitals licensed under chapter 70.41 RCW, **is licensed as part of the hospital, and is primarily engaged in providing diagnostic and therapeutic care including medical history, physical examinations, assessment of health status, and treatment monitoring.** This does not include clinics exclusively designed for and providing laboratory, x- ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics

For more information:

The DOH Hospital Owned Off-Site Provider-Based Clinic Facility Fee Reporting web page has additional information at this link:

<http://www.doh.wa.gov/DataandStatisticalReports/HealthcareinWashington/HospitalandPatientData/HospitalFinancialData/HospitalFacilityFees.aspx>

<https://www.doh.wa.gov/Portals/1/Documents/2300/HospPatientData/DOHForm346-094.xlsx>